Exhibit A

Appointment Details

Clinical Notes

Note to patients: This note is a short description of your symptoms and current health condition. This note will not have all details of your visit and may contain abbreviations. Your care provider's treatment recommendations may be listed.

Progress Notes

Jonathan C. King, MD at 05/06/22 1600

Patient Consent to Telehealth

The patient agreed to participate in the video visit prior to joining the visit.

SURGICAL ONCOLOGY CLINIC PROGRESS NOTE

DATE OF SERVICE:
05/6/2022

REFERRING PHYSICIAN:
Dr. Mendivil
DIAGNOSIS:
Peritoneal Mesothelioma

HISTORY OF PRESENT ILLNESS:

The patient Audra Johnson is a 55 y.o. year-old female with an epithelioid peritoneal mesothelioma status-post CRS / HIPEC (PCI 7, CC1) in Dec, 2021. She recovered uneventfully initially but began to experience episodic dyspnea on exertion in January. She reports she was found to be hypoxemic with exercise (O2 sats as low as 84% after walking) and so has had home oxygen prescribed. She uses this intermittently with some relief. She continues to have episodes of dyspnea, some not associated with exertion though the frequency is somewhat diminished at this time and her O2 sats rarely drop below the low 90s more recently. She saw a pulmonologist who identified a problem with the diaphragm (elevation) on workup. Per patient he recommended waiting for at least 6 mo from her surgery and if no improvement she would be referred to a thoracic surgeon. She has been evaluated for and ruled out for PE as well as cardiac source of her dyspnea.

PAST MEDICAL HISTORY:

Past Medical History:

Diagnosis	Date
• Cancer (HCC/RAF)	
• GERD (gastroesophageal reflux disease)	
• Hyperlipidemia	
• Post-operative nausea and vomiting	

PAST SURGICAL HISTORY:

Past Surgical History:

Procedure	Laterality	Date
• HYSTERECTOMY		

CURRENT MEDICATIONS:

Current Outpatient Medications

Medication	Sig
• acetaminophen 500 mg tablet	Take 500 mg by mouth every six (6) hours as needed for Pain.
• HYDROcodone-acetaminophen 5-325 mg tablet	PT stopped taking; hallucination.
• traMADol 50 mg tablet	TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR SEVERE PAIN FOR UP TO 10 DAYS

No current facility-administered medications for this visit.

ALLERGIES:

Allergies

Allergen	Reactions
• Avocado	Anaphylaxis
• Prunus Persica	Anaphylaxis
• Shellfish Allergy	Anaphylaxis

REVIEW OF SYSTEMS:

A 10-point review of systems was performed. Unchanged from prior and negative except as noted.

PHYSICAL EXAM:

There were no vitals filed for this visit.

General: A WD/WN female in NAD.

Skin: Clear without evident jaundice or vascular spiders.

HEENT: Normocephalic and atraumatic. No evidence of bitemporal wasting. No scleral icterus.

Neck: No JVD.

Lungs: Unlabored breathing. Speaking full sentences.

IMAGING:

Outside imaging - CTA chest and sniff test reviewed by me. No comment on anatomic defect of the right diaphragm on the CT (hernia, elevation of diaphragm). Further, no PE / R heart strain. Sniff test shows paradoxical movement / elevation of R diaphragm.

INVASIVE STUDIES/ENDOSCOPY:

None recent.

ASSESSMENT:

Peritoneal mesothelioma, status-post CRS / HIPEC; dyspnea / possible R diaphragm dysfunction

RECOMMENDATIONS:

We discussed that involvement of the diaphragm by the mesothelioma required partial resection of the diaphragm. This was done in stapled fashion. The overall amount of diaphragm resected was not excessive but we discussed that a phrenic nerve palsy could also explain her symptoms.

I recommend she be seen by a thoracic surgeon now to evaluate and treat. I cautioned that her diaphragm is likely inaccessable from the abdomen given the liver is expected to be essentially fused to the muscle following peritonectomy. I have contacted Dr. Paul Toste (UCLA Thoracic Surgery) to evaluate her and his team will arrange an appointment.

From an oncologic perspective she was due to have a PET / CT for surveillance and per the patient this was done but I don't have the report and can't see results in care everywhere. She is being followed / managed by an oncologist in OC (Dr. Carroll) and I will reach out to coordinate.

Plan of care discussed and the patient verbalized understanding of all of the above.

Jonathan C. King, M.D.

I spent 45 minutes evaluating and counseling patient. >50% time was spent face-to-face via video conference.

Exhibit B

Appointment Details

Clinical Notes

Note to patients: This note is a short description of your symptoms and current health condition. This note will not have all details of your visit and may contain abbreviations. Your care provider's treatment recommendations may be listed.

H&P

Melissa S. DeJesus, NP at 05/12/22 0900

OUTPATIENT HISTORY AND PHYSICAL / THORACIC SURGERY

PATIENT: Audra Johnson **MRN:** 3572598

DOB: 1/30/1967

DATE OF SERVICE: 5/12/2022

REFERRING PHYSICIAN: King, Jonathan C., MD

PRIMARY CARE PROVIDER: Armstrong, William Kurt, MD

Address: 520 Superior Ave Suite 360

Newport Beach CA 92663

Phone: 949-664-1025

Fax: 949-644-7852

PULMONOLOGY: Yaqub, Kashif, MD

320 SUPERIOR AVE
STE 200
NEWPORT BEACH, CA 92663
949-642-6200 (Work)
949-642-9359 (Fax)

ONCOLOGY: Carroll, Robert M, MD
1 HOAG DR
BLDG 51
NEWPORT BEACH, CA 92663-4162
949-764-4060 (Work)
949-764-5607 (Fax)

ATTENDING PHYSICIAN: Toste, Paul A., MD

DIAGNOSIS: Right diaphragm elevation

HISTORY OF PRESENT ILLNESS:

Audra Johnson is a 55 y.o. female with a past medical history significant for GERD, hyperlipidemia, peritoneal mesothelioma status-post CRS / HIPEC (PCI 7, CC1) in Dec 2021, in January 2022 developed episodic dyspnea on exertion and hypoxia with activity who presents with right diaphragm elevation.

She began to experience episodic dyspnea on exertion in January 2022. She was found to be hypoxemic with exercise (O2 sats as low as 84% after walking) and had home oxygen prescribed. She uses this intermittently (10 min of 2L after exertion) with some relief. She was referred to a pulmonologist who identified a problem with the diaphragm (elevation) on workup. Per patient, he recommended waiting for at least 6 months from her surgery and if no improvement she would be referred to a thoracic surgeon. She has been evaluated for and ruled out for PE as well as cardiac source of her dyspnea.

12/8/21 OPERATIVE PROCEDURE:
1. Exploratory laparotomy
2. Lysis of adhesions
3. Completion greater omentectomy
4. Appendectomy
5. Left diaphragm peritonectomy
6. Right diaphragm peritonectomy
7. Right diaphragm resection
8. Resection of small bowel mesenteric tumors (multiple, 5mm) 9. Placement of intra-peritoneal cannulae for chemoperfusion
10. Hyperthermic Intraperitoneal Chemoperfusion with Cisplatin (175 mg/m2 IBW)
11. Removal of intra-peritoneal cannulae for chemoperfusion.

12/8/2021 PATHOLOGY FINAL DIAGNOSES:
A. FALCIFORM (EXCISION):
- Fibroadipose tissue with focal chronic inflammation and focal giant cell reaction
- Negative for malignancy
B. SMALL INTESTINE ADHESION (EXCISION):
- Granulation tissue with acute and chronic inflammation
- Negative for malignancy
C. PERITONEUM (EXCISION):
- Fibroadipose tissue with acute and chronic inflammation
- Negative for malignancy
D. DIAPHRAGM LESION, LEFT (BIOPSY):
- Malignant mesothelioma, epithelioid type
E. OMENTUM (EXCISION):
- Malignant mesothelioma, epithelioid type
- Two lymph nodes, negative for malignancy (0/2)
F. DIAPHRAGM (RESECTION):
- Diaphragm with malignant mesothelioma, epithelioid type (100%)
- Fragment of adherent liver
- Margins appear negative
G. APPENDIX (APPENDECTOMY):
- Benign appendix with focal granulation tissue and chronic inflammation
- Negative for malignancy

12/12/2021 XR CHEST PA LAT 2V
Lung volumes have significantly improved. There is decreased atelectasis of both bases with right greater than left residual. Decrease of right greater than left pleural effusions with small right and trace left residual. Right pleural effusion partially layers within the major and minor fissures. No edema.Stable heart and mediastinum. No acute bony findings. Stable midline subxiphoid suture staples and multiple EKG leads.

1/30/2021 D-dimer <215.00

1/30/2022 12-lead EKG - sinus rhythm, low voltage precordial leads

3/8/2022 6-minute walk test - baseline resting heart rate 95, blood pressure 112, 80, oxygen saturation 97% on room air; post ambulation heart rate 103, oxygen saturation 85% on room air; total distance walked for 6 minutes 308 m, 56% predicted

3/8/2022 PFTs - FEV1 pre 85% and post 87%, DLCO 78%

2/9/22 CT Chest/abd/pelvis
Unremarkable findings in lung and heart. Liver: Previously noted 2 hypermetabolic hepatic lesions in the posterior dome of the liver has been resected. Surgical suture line is seen. Kidneys and Ureters: Stable right renal cortical scarring. Stable cortical scarring inferior pole kidney. Peritoneum: Previously noted right paracolic gutter implant is no longer seen. Omental nodularity and infiltration has improved. No free air, free fluid, or fluid collections.

3/10/22 PET CT
No CT evidence for mass or adenopathy.

3/11/2022 Echocardiogram
The left ventricle is normal in size.
Left ventricular systolic function is normal.
The ejection fraction estimate is 60-65%.
The right ventricle is normal in size and function.
The left atrial size is normal.
The right atrium is normal in size.

There is trace tricuspid regurgitation.
Unable to get accurate RVSP due to insufficient tricuspid regurgitation.

3/29/2022 CT Angiogram Chest
No pulmonary embolism, mild bilateral subsegmental atelectasis, 6.2 x 4.2 x 2.9 cm lipoma within the right lateral thoracic wall.

3/30/2022 Treadmill Stress Test–no evidence of ischemia

3/30/2022 Carnation ambulatory monitor report– predominantly normal sinus rhythm, PVCs 1.4%

4/18/2022 sniff test– The patient performed the sniff test 3 times. In all instances, the right hemidiaphragm paradoxically moved superiorly with inspiration.

The patient presents today with complaints of dyspnea on exertion that affects her activities of daily living. She reports getting short of breath from walking her dog one block. Her symptoms include tiredness, dry cough, chest pressure that "feels like an elephant sitting on chest," and palpitations. She requires 2 L of oxygen for approximately 10 minutes for recovery. She is unable to lie on her back or left side, sleeps on her right throughout the night. She has difficulty getting up to 1L on the incentive spirometer. She also complains of pain that originates in her back and radiates to right diaphragm with exertion. She has a 14 year-old daughter who is very active and she is unable to participate in all her daughters school activities without symptoms. The patient denies change in voice, wheezing, difficulty swallowing, fevers, chills, night sweats, chest pain, hemoptysis, unintentional weight loss, anorexia, or recent illnesses.

CURRENT MEDICATIONS
Prilosec Daily

ALLERGIES:
Avocado, Prunus persica, and Shellfish allergy

PAST MEDICAL HISTORY:
Past Medical History:

Diagnosis	Date
• Cancer (HCC/RAF)	
• GERD (gastroesophageal reflux disease)	
• Hyperlipidemia	
• Post-operative nausea and vomiting	

PAST SURGICAL HISTORY:
Past Surgical History:

Procedure	Laterality	Date
• HYSTERECTOMY		

FAMILY HISTORY:
Family History

Problem	Relation	Age of Onset
• Malignant hyperthermia	Neg Hx	

SOCIAL HISTORY:
Social History

Socioeconomic History	
• Marital status:	Single
Spouse name:	Not on file
• Number of children:	Not on file
• Years of education:	Not on file
• Highest education level:	Not on file
Occupational History	
• Not on file	
Tobacco Use	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
Substance and Sexual Activity	
• Alcohol use:	Never
• Drug use:	Never
• Sexual activity:	Not on file
Other Topics	Concern
• Not on file	
Social History Narrative	

- Not on file

Social Determinants of Health

Physical Activity: Not on file
Stress: Not on file
Financial Resource Strain: Not on file

REVIEW OF SYSTEMS: Full 14-point ROS performed; pertinent positives and negatives can be found in the above HPI.

PHYSICAL EXAMINATION:
ECOG/Zubrod Score: 1
General: Not in acute distress. Appears equal to stated age.
Eyes: No scleral icterus.
Ear, nose, and throat: No masses or lesions in oropharynx or nasopharynx.
Neck: Supple with no lymphadenopathy or masses. No jugular vein distention.
Lungs: Clear to auscultation bilaterally with good breath sounds.
Heart: Regular rate and rhythm and no murmurs.
Abdomen: Soft, nondistended, nontender. No palpable masses or hepatosplenomegaly. Midline incision well healed,
Extremities: No clubbing, cyanosis, or edema.
Neuro: Alert and oriented to time, place, and person. No gross focal motor or sensory deficits.
Psychological: Mood and affect are appropriate.
Skin: No rashes or suspicious skin lesions.

IMAGING: Reviewed as above

IMPRESSION AND RECOMMENDATION:

Audra Johnson is a 55 y.o. female with a past medical history significant for GERD, hyperlipidemia, peritoneal mesothelioma status-post CRS / HIPEC (PCI 7, CC1) in Dec 2021, in January 2022 developed episodic dyspnea on exertion and hypoxia with activity who presents with right diaphragm elevation.

She presents today to discuss surgical treatment for her right diaphragm. Given her progressively worsening dyspnea and positive SNIFF test we would recommend surgery repair. Surgery would entail flexible bronchoscopy, right VATS, diaphragmatic plication, possible thoracotomy. Risks and benefits were discussed with patient. Surgery may be complicated by prior CRS/HIPEC, as liver may be adhered to diaphragm.

We recommend the following:
1. Obtain PA/LAT today to evaluate diaphragm.
2. Obtain imaging of CTA (3/29/22), PET-CT (3/10/22), and SNIFF test 4/18/22 from Hoag Clinic for evaluation.
3. Follow up via telehealth/telephone/zoom on May 26 or June 2nd.

Final surgical recommendations will be made upon completion of work-up.

This plan was discussed and formulated with the attending, Toste, Paul A., MD. They were present for the entire clinic visit and all questions were answered. Thank you for allowing us to participate in this patient's care.

Author: Angel Caleb Nurse Practitioner Student & Melissa DeJesus, NP-C
5/12/2022 4:27 AM
Division of Thoracic Surgery
UCLA Health System
Division pager 90027

If Billing Based on Medical Decision Making (MDM):

1) Number and complexity of problems:

For 99204 or 99214 (Moderate)(check one):
- ☐ 1 or more chronic illnesses with exacerbation, progression or side effects of treatment or
- ☐ 2 or more stable chronic illnesses or
- ☐ 1 undiagnosed new problem with uncertain prognosis or
- ☐ 1 acute illness with systemic symptoms or
- ☐ 1 acute uncomplicated injury

or

For 99205 or 99215 (High)(check one):

- [ ] 1 or more chronic illnesses with severe exacerbation, progression or side effects of treatment or
- [x] 1 acute or chronic illness or injury that poses a threat to life or bodily function

2) Amount and/or complexity of data to be reviewed and analyzed:

- [ ] For 99204 or 99214 (Moderate): 1 out of 3 categories
- [x] For 99205 or 99215 (High): 2 out of 3 categories

Category 1: Tests, documents, or independent historians (require 3 of 4 from following)
- [x] Review of prior external notes from each unique source
- [x] Review of results from each unique test
- [x] Ordering of each unique test
- [ ] Assessment requiring an independent historian

Category 2: Independent interpretation of tests
- [x] Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported)

Category 3: Discussion of management or test interpretation
- [ ] Discussion of management or test interpretation with external physician/other qualified health care professional (not separately reported)

3) Risk of complications and/or morbidity or mortality of patient management:

I performed the following items on the day of service:
- [x] Preparing to see the patient (e.g. review of tests, review of medical records)
- [x] Obtaining and/or reviewing separately obtained history
- [x] Performing a medically appropriate examination and/or evaluation
- [x] Counseling and educating the patient/family/caregiver
- [x] Ordering medications, tests, or procedures
- [x] Referring and communicating with other healthcare professionals (when not separately reported)
- [x] Documenting clinical information in the EHR
- [x] Independently interpreting results and communicating results to patient/family/caregiver
- [x] Prescription drug management

High risk of morbidity from diagnostic testing or treatment:
- [x] Decision regarding diagnostic procedures with identified patient or procedure risk factors
- [x] Decision regarding major surgery or procedure with identified patient or procedure risk factors
- [x] Decision regarding hospitalization
- [x] Decision regarding non-operative treatments (e.g. radiation, ablation, or systemic therapy) with identified patient or procedure risk factors
- [x] Decision regarding surveillance imaging or procedures (e.g. CT scans, MRI, or endoscopy) with identified patient or procedure risk factors

If Billing Based on Time:

I spent the following total amount of time on these tasks on the day of service:

New Patient
- [ ] 15-29 minutes – 99202
- [ ] 30-44 minutes – 99203
- [ ] 45-59 minutes – 99204
- [ ] 60-74 minutes – 99205

Established Patient
- [ ] up to 9 minutes – 99211
- [ ] 10-19 minutes – 99212
- [ ] 20-29 minutes – 99213
- [ ] 30-39 minutes – 99214
- [ ] 40-55 minutes – 99215

Prolonged service (in addition to above)
- [ ] 75-89 minutes – 99417
- [ ] 90-104 minutes – 99417
- [ ] 105-120 minutes – 99417
- [ ] 55-69 minutes – 99417
- [ ] 70-84 minutes – 99417
- [ ] 85-100 minutes – 99417

Patient Instructions

Melissa S. DeJesus, NP at 05/12/22 0900

Thank you for coming to Thoracic Surgery Clinic. To get a hold of us during business hours you can email

ThoracicSurgeryNP@mednet.ucla.edu or Call 310.794.7333

The following is what is pending:
1. Obtain PA/LAT today to evaluate diaphragm.
2. Obtain imaging of CTA (3/29/22), PET-CT (3/10/22), and SNIFF test 4/18/22 from Hoag Clinic for evaluation.
3. Follow up via telehealth/telephone/zoom on May 26 or June 2nd.

Exhibit C

XR CHEST PA AND LATERAL 2V - Details

Study Result

Impression

IMPRESSION:
Persistent elevation of right hemidiaphragm.
Nearly bilateral pleural effusions, query trace residual left pleural effusion
Normal cardiomediastinal silhouette.
No focal parenchymal consolidation or pneumothorax.
Unremarkable osseous structures.

Signed by: Lila Pourzand 5/12/2022 11:08 AM

Narrative

EXAM: XR CHEST PA LAT 2V 5/12/2022

COMPARISON: December 13, 2021

INDICATION: Eval diaphragm elevation

Component Results

There is no component information for this result.

General Information

Ordered by Melissa S. DeJesus

Collected on 05/12/2022 10:10 AM

Resulted on 05/12/2022 11:08 AM

Result Status: Final result

This test result has been released by an automatic process.

EXHIBIT C